



THE HARTFORD COUNTY BAR ASSOCIATION, INC.

100 Pearl Street • 4th Floor • Hartford, Connecticut 06103-4500

Tel. (860) 525-8106 . Fax (860) 293-1345

www.hartfordbar.org

APPLICATION FOR ASSOCIATE MEMBERSHIP
PARALEGAL / LEGAL ASSISTANT
MARCH – FEBRUARY

(Please Print)

Name _____
(First) (Middle) (Last)

Firm/Business _____

Firm Address _____

Town State Zip+4 _____

Office #(_____) _____ Fax #(_____) _____

Home Address _____

Town, State Zip+4 _____

Email: _____ Mail Preference Work Home

Birth date: ____/____/____ Female Male

Please check at least one category:

1. _____ I am a graduate of an ABA approved Paralegal or Legal Assistant Program

School _____ Year Graduated _____

2. _____ I am employed by a law office and the majority of my work is in the capacity of a paralegal or legal assistant.

3. _____ I am a self-employed or contract paralegal.

Please mail this completed application, along with your \$50 dues check for your membership year to:

Hartford County Bar Association

Attn: Membership

100 Pearl Street, 4th Floor, Hartford, Connecticut 06103-4500

website: www.hartfordbar.org

e-mail: mwest@hartfordbar.org

Phone: (860) 525-8106

Fax: (860) 293-1345